



State of Utah

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Department of Human Services

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Division of Substance Abuse and Mental Health

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Director

April 13, 2021

Mr. Robert Hunter, Board Chair
Weber Human Services/ Weber County Commission
2380 Washington Blvd., #360
Ogden, UT 84401


Dear Mr. Hunter:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of the contracted Local Authority, Weber Human Services; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Kelly Ovard at 385-310-5118.

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,


Doug Thomas (Apr 14, 2021 10:49 MDT)

Doug Thomas
Division Director

Enclosure

cc: Scott Jenkins, Weber County Commissioner
Matt Wilson, Morgan County Council
Kevin Eastman, Director, Weber Human Services



Site Monitoring Report of

Weber Human Services

Local Authority Contracts #160383 and #160384

Review Date: January 26th, 2021

Final Report

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Weber Human Services (also referred to in this report as WHS or the Center) on January 26, 2021. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	10-11
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	16
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 1	19-20 20

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Weber Human Services (WHS). The Governance and Fiscal Oversight section of the review was conducted on January 26, 2021 by Kelly Ovard, Financial Services Auditor IV.

Due to Covid-19 the audit was conducted remotely with WHS as the Local Mental Health Authority for Weber and Morgan Counties. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, WHS provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

As the Local Authority, WHS received a single audit as required. The CPA firm Christensen, Palmer & Ambrose completed the audit for the year ending June 30, 2020. The auditors issued an unmodified opinion in their report dated February 6, 2021. The SAPT Block Grant and the TANF Grant were selected for specific testing as a major program. There were no findings or deficiencies reported.

Follow-up from Fiscal Year 2020 Audit:

There were no findings from FY20.

Findings for Fiscal Year 2021 Audit:

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

None

FY21 Recommendations:

- 1) The WHS emergency plan was reviewed by Robert Snarr, Program Administrator and Geri Jardine, Program Support Specialist, as part of monitoring. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. It is recommended that WHS review these suggestions and update their emergency plan accordingly.

FY21 Division Comments:

- 1) Cooperation with the financial staff was greatly appreciated.

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Weber Human Services (WHS) on January 26 and 27, 2021. Due to COVID-19, the annual monitoring review was held virtually. The monitoring team consisted of Leah Colburn, Program Administrator; Mindy Leonard, Program Manager; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews, program visits, and allied agency visits. During the discussion the team reviewed the FY20 audit, statistics, including the Mental Health Scorecard, Area Plans, Youth Outcome Questionnaires, Family Resource Facilitation (Peer Support), High Fidelity Wraparound, school based behavioral health and compliance with Division Directives and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2020 Audit

There were no findings from FY20.

Findings for Fiscal Year 2021 Audit

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

- 1) *Suicide Risk Assessment:* In the chart review, two of ten were identified as not having a CSSRS completed and revisited when suicide risk was identified. One chart did have a thorough safety plan completed. While WHS has implemented a process within their EHR to prompt clinicians to complete a CSSRS and safety plan stemming from the outcome of the YOQ, this will be a deficiency due to risk to the client. It is recommended that WHS review with clinical teams the process for CSSRS/Safety Planning. DSAMH encourages the WHS to seek technical assistance as needed surrounding administration of CSSRS in clinical settings for children and youth.

County's Response and Corrective Action Plan:

Action Plan: All WHS clinicians will have a review training of the CSSRS and Stanley Brown Safety Plan on April 12, 2021 and April 15, 2021. This includes when it is necessary to complete the CSSRS. All new Youth Clinicians will continue to receive training on the CSSRS/safety planning both in a group setting as well as on an individual basis with their supervisors. All Youth Team clinicians will be reminded to review charts of clients that were opened prior to the now required CSSRS prompt on intake and complete a CSSRS if one hasn't been completed. Youth team clinicians will receive at minimum, twice a year, a review of the CSSRS and Stanley Brown Safety Plan.

Timeline for compliance: Immediately

Person responsible for action plan: Anna Lopez and Justine Stephenson

DSAMH tracking by: Leah Colburn

FY21 Recommendations:

- 1) *Family Resource Facilitation and Family Peer Support:* WHS had a decrease in families served with family peer support services (FY19: 247 families, FY20: 184 families). It is recommended that WHS review this service to identify and rectify barriers to this service, referral pathways, and different ways to fund the FPS. WHS reduced the number of Family Peer Support Specialists by 3 FTEs in FY21 which may have had an impact on service provision.
- 2) *Case Management:* WHS provides case management services at a lower rate (WHS - 2.4%; urban average - 26.2%). While DSAMH recognizes that COVID-19 may have had an impact in providing this service, it is recommended that WHS explore avenues to provide increased access to case management services to more youth and families, when clinically appropriate.
- 3) *Respite Services:* WHS saw a decrease in respite services from FY19 (15 clients) to FY20 (2 clients). DSAMH recognizes that COVID-19 may have had an impact in ability to provide this service, however respite services are a mandated service which WHS only provided to 2 youth. WHS should continue to explore ways to increase respite service delivery for families and youth when appropriate, including ways to utilize respite for specialized populations, such as youth with autism and co-occurring mental health needs.

FY21 Division Comments:

- 1) *Agency Resilience:* WHS has had a number of program leadership changes over the past year. It was identified that due to retirement and a small amount of turnover, nearly all of the mental health program leads are new since the prior monitoring year. WHS has been able to provide high quality programs while continuing to expand programming for youth and families in the midst of new program leaders.

- 2) *Psychosocial Rehabilitation:* Although WHS continues to provide services psychosocial rehabilitation at a lower rate than the urban average (FY19 86/4.7% FY20 95/5.1%%), they were able to increase the number of youth who received this service during the COVID-19 pandemic. WHS should continue their efforts to provide psychosocial rehabilitation services to more youth and families, when appropriate.
- 3) *Access to Services:* WHS has identified a need to expand community partnerships they have previously not pursued to support access to mental health services for children and families. WHS is working to build relationships with pediatricians offices to establish a referral network for youth and families in need of services. Additionally, they are working to establish relationships with charter schools in the area. DSAMH recognizes the work to pivot and build new relationships to ensure that children in their area have access to quality mental health services.
- 4) *Clinical Care:* WHS continues expanding their focus on evidence based practice (EBP) to suit the needs of the children and families they serve and their clinical teams. WHS has recently produced short educational videos on EBPs to help with psychoeducation for their clients prior to beginning treatment. They report that this has been met with a positive response and better engagement in treatment from children and families. In conjunction with EBP fidelity checks, WHS found an opportunity to target training toward developing their clinicians' telehealth skills and adherence to EBPs via telehealth over the pandemic.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review at Weber Human Services (WHS) on January 26th and 27th, 2021. Due to COVID-19, the annual monitoring review was held virtually. The monitoring team consisted of Mindy Leonard, Program Manager; Leah Colburn, Program Administrator; Pam Bennett, Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews, clinical staffing and a community meeting. During the discussion the team reviewed the FY20 audit statistics, including the Mental Health Scorecard, Area Plans, Outcome Questionnaires, compliance with Division Directives and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2020

FY20 Deficiencies:

- 1) *Outcome Questionnaire (OQ)*: All charts reviewed demonstrated that the OQ was administered to the individual in treatment. Six of the ten charts that were reviewed did not show clear evidence that the OQ was being used as part of the clinical intervention. Division Directives state *"data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced by the chart"*. DSAMH recommends that WHS work with staff to find opportunities to integrate the OQ into the treatment program and to ensure that those efforts are documented.

This issue has been resolved with the use of the OQ as a clinical intervention documented in the charts reviewed.

Findings for Fiscal Year 2021 Audit

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

None

FY21 Recommendations:

- 1) *Cultural and Linguistic Responsivity*: WHS has a Cultural Competency Committee that meets quarterly, and training related to culture is provided to all staff. It is recommended that WHS add in staff training such as bias sensitivity and microaggressions, in addition to considering education regarding unique cultures and the provision of services in Spanish.
- 2) *Case Management*: The FY20 DSAMH Adult Mental Health scorecard indicates that WHS provided case management services to a slightly smaller percentage of adult mental health clients in FY20 (FY19-25.6%; FY20-24.4%), although more individuals received case management overall (FY19-808; FY20-836). This continues to be a significantly lower rate than the urban average (WHS-24.4%; urban average-42.6%). DSAMH recommends that WHS consider opportunities to increase access to case management services. This was a recommendation in FY19 and is a shared recommendation with the Children, Youth and Family report (FY20).
- 3) *Psychoeducation of Mental Health*: It was noted that ten of ten adult mental health charts reviewed were missing documentation of client education regarding their mental health. However, individuals in treatment that were interviewed described this education, in addition to being a participant in creating their goals. Preferred Practice Guidelines describe this education as an essential part of treatment and recovery. DSAMH recommends that WHS review this treatment component to assess whether it is a training issue for treatment or documentation.

FY20 Division Comments:

- 1) *OQ Evidence of Recovered Clients*: Data from the FY20 DSAMH Adult Mental Health scorecard demonstrates that WHS has the highest percentage of individuals discharged who report that they are improved or in recovery across the Local Authorities (51.16%). WHS focused on ensuring the treatment via telehealth continued to include evidence-based practices provided to fidelity, to assist clients in progression toward recovery during the pandemic.
- 2) *Mobile Crisis Outreach Team (MCOT)*: A review of the DSAMH Adult Mental Health scorecard demonstrated that WHS has had 11.7% fewer inpatient and 21.2% fewer residential placements from FY19 to FY20. WHS attributes this change to the exceptional work done by the MCOT team. In addition, the MCOT has dealt with multiple situations where individuals have died by suicide. Additional training has been provided to MCOT workers to manage the influx of suicide survivor support requests and to provided assistance as workers manage their own self-care.
- 3) *Provision of Peer Support Services*: Heather Rydalch, Peer Support Program Manager, met with six Peer Support Specialists that included both Certified Peer Support Specialists and Family Peer Support Specialists. PSS are located in several WHS programs including Health Connection, the Crisis Transition Unit, Assisted Outpatient Treatment and in the Skills Development program. PSS indicated that they see benefits with Peer connection, that there is well-rounded treatment, and that it is easier for clients to share with someone that has been

in the situation. One of the family benefits is being able to have that empathy and encouragement, and being able to connect well with the family.

- 4) *Suicide Prevention*: WHS utilizes the seven elements of the Zero Suicide Framework and has developed a comprehensive Suicide Prevention plan. This Plan includes a focus on engagement and follow-up during transition from high levels of care, including caring calls after individuals leave inpatient stays.
- 5) *Skilled Nursing Facility Care*: WHS and Lomond Peak Nursing and Rehabilitation expressed mutual appreciation for the partnership that they have been able to maintain during the pandemic. The nursing facility attributes this to an identified liaison who provides treatment services for a number of clients regularly. WHS expressed appreciation for the efforts of the nursing facility staff who facilitated telehealth meetings during the pandemic, allowing WHS to maintain contact with the clients.
- 6) *Supported Employment/Individual Placement and Support (IPS)*: WHS is commended for maintaining and growing the IPS program, with continued Leadership support through multiple staff changes. WHS has received ongoing training as employment specialists have progressed into clinical roles and new employment specialists have been hired. WHS continues to have an exemplary IPS fidelity rating.
- 7) *Integration*: WHS maintains the Wellness Clinic, functioning at Level 6 of the six levels of Collaboration and Integration (Substance Abuse and Mental Health Services Administration). Behavioral and physical health providers are located at the same site, and both are employees of WHS. Providers meet regularly to discuss shared patients, and have a shared electronic health record with a messaging system to prompt communication. Referrals from the provider are scheduled with customer care staff that work with both behavioral and physical health teams. Screening tools are shared. WHS recently expanded primary care to 5 days a week.
- 8) *Participant Feedback*: Heather Rydalch, Peer Support Program Manager, met with four individuals in treatment with WHS. Individuals indicated that WHS assists with both behavioral health and physical health goals, with two individuals stating they have a goal to lose weight, and one adding on that she is walking and trying to quit smoking. Individuals indicated that they enjoy treatment, that medication is helping, and that Peer Support is helpful. "It really does help that I can talk to someone openly about my voices and know that I won't be judged for it because you've been there."

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Weber Human Services on January 26th, 2021. The review focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

Follow-up from Fiscal Year 2020 Audit

There were no findings from FY20.

Findings for Fiscal Year 2020 Audit

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

- 1) The number of Eliminating Alcohol Sales to Youth (EASY) Compliance checks decreased from 171 to 56 from FY19 to FY20 respectively, which does not meet Division Directives. Local Authorities are required to increase their EASY Compliance checks by at least one each year.

County's Response and Corrective Action Plan:

Action Plan: In response to the decrease in the number of EASY Compliance checks in FY20 due to the outbreak of COVID-19 Weber Human Services will work to increase those numbers by:

- Working with agencies to remind/inform them it is safe to resume checks
- Educate/encourage coalitions to play a part in engaging law enforcement in compliance checks
- Educate local government and law enforcement agencies about the benefits and importance of conducting compliance checks
- Offer support of WHS and local coalitions in compliance check efforts
- Ask local agencies to commit to doing checks moving forward

Timeline for compliance: End of FY21 and into FY22

Person responsible for action plan: Samantha Tilton

DSAMH tracking by: Rebecca King

FY21 Recommendations:

- 1) **Readiness Assessment:** The last Readiness Assessment for Morgan / Weber County was completed two years ago. It is recommended that a Readiness Assessment be completed for this coming year. Technical assistance can be provided by the Prevention Regional Director as needed.

FY21 Division Comments:

- 1) **Increased Capacity:** WHS bolstered their partnerships through the Center of Excellence, and other community agencies to provide prevention strategies to the community. The Center of Excellence is an entity that was brought together through WHS, Weber / Morgan Health Department and the County Commissioners. They have ensured that all prevention personnel are trained and certified for implementation and delivery of programs. WHS also bolstered support for implementation of the Communities that Care (CTC) model in local community coalitions. They have applied for and received additional grant funding, to increase their reach and expand their prevention capabilities fiscally. WHS has also worked to train their staff and contracted facilitators in their prevention curriculum, and encouraged them to be a part of local coalitions.
- 2) **Implementation and Evaluation:** WHS implemented effective programs, policies and practices, based upon utilization of programs on BluePrints Programs, or having gone through the State Evidence-Based Workgroup approved by DSAMH. These programs were implemented and monitored for fidelity wherever applicable. Strategies such as Parents Empowered and Use Only As Directed were implemented through partnerships with local coalitions, and in accordance with the directives of the work groups for those programs.
- 3) **Evidence Based Programs and Practices (EBP):** Alcohol trends for Weber and Morgan County have been trending down overall. The 8th grade is the only grade that has seen an increase in 30 day alcohol use between 2017 and 2019, from 3 to 5%. For all grades, the trend has gone slightly down from 9 to 7.6 from 2017 to 2019. Strategies for alcohol use reduction include: Learning to Breathe, EASY Compliance Checks, Parents Empowered, Gus and Gussie Curriculum (GGC), Emotion Coaching, Growing Up Strong, Parent & Teen Alternative, Love & Logic, and CTC. The GGC program is intended for kids and parents in smaller group settings. The Emotion Coaching class is for parents with children of all ages, which focuses on recognizing emotions and needs. The Learning to Breathe is an adolescent mindfulness curriculum.

Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the review of Weber Human Services on January 26th, 2021. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court and DORA Program compliance, clinical practice and compliance with contract requirements. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements, contract requirements and DORA Program requirements were evaluated by a review of policies and procedures, discussion with WHS staff and a review of program schedules and other documentation. WHS performance was evaluated using Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey data. Client satisfaction was measured by reviewing records and the Consumer Satisfaction Survey data.

Follow-up from Fiscal Year 2020 Audit

FY20 Minor Non-compliance Issues:

- 1) The Outcomes Scorecard shows that the percent of clients that decreased tobacco use from admission to discharge moved from -0.3% to -0.6% from FY18 to FY19 respectively, which does not meet Division Directives.

The Outcomes Scorecard shows that the percent of clients that decreased tobacco use from admission to discharge moved from -0.6% to 0.7% from the FY19 to FY20 respectively, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in the Minor Non-Compliance Finding #1 below.

FY20 Deficiencies:

- 1) The Treatment Episode Data Set (TEDS) shows that 27.4% of the data was reported as unknown and 15.1% was uncollected for Criminogenic Risk for justice involved adults, which does not meet Division Directives.

The TEDS data shows that 17.6% of the data was reported as unknown and 16.5% was uncollected for Criminogenic Risk for justice involved adults, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in Deficiency #1 below.

Findings for Fiscal Year 2021 Audit:

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

- 1) The Substance Use Disorder Treatment Outcomes Scorecard shows the following outcomes which do not meet Division Directives:
 - a) The percent of clients that decreased tobacco use from admission to discharge moved from -0.6% to 0.7% from FY19 to FY20 respectively.
 - b) The percent increase in stable housing for non-homeless clients from admission to discharge decreased from 1.9% to 1.0% from FY19 to FY20 respectively.
 - c) The percent increase in those using social recovery supports moved from 6.7% to 11.4% from FY19 to FY20 respectively.
 - d) The percent decrease in the number of clients reporting tobacco use from admission to discharge moved from -0.6% to 0.7% from FY19 to FY20 respectively.

County's Response and Corrective Action Plan:

Action Plan: There have been small improvements in these areas. Weber Human Services will continue to improve access and coordination with social recovery supports in the community and stable housing supports. The Good Landlord Program that has been established in Weber County continues to be a barrier for safe and affordable housing for individuals in recovery. Weber Human Services will continue to coordinate with the Weber Housing Authority and licensed recovery residences for access to stable housing. Weber Human Services will continue providing education, resources, and support to address tobacco use. We have seen a trend where there has been a decrease in the amount of tobacco used as reported by an individual during treatment with the goal of eventually quitting. Reducing use follows the harm reduction model.

Timeline for compliance: 6/30/2022

Person responsible for action plan: Wendi Davis-Cox

DSAMH tracking by: Rebecca King

- 2) The Consumer Satisfaction Survey shows that the percent of Youth (Family) that were sampled was 6.0%, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan: In 2019 and 2020, WHS went to extraordinary efforts to increase the participation in the YSS-F survey. We actually mailed out surveys to all families with self-addressed/stamped envelopes, in addition to the in-office surveys. Unfortunately, we did not receive many of the surveys back and our participation remained below the 10% requirement. The large number of school-based services has resulted in us having less contact with parents/guardians to facilitate this type of information gathering. WHS feels that we have done everything reasonably possible to meet this requirement. Furthermore, FY 2021 participation rates will be even lower still due to most services being done via telehealth. We have attempted to have clients/families fill out the surveys on-line, but responses have been minimal.

Timeline for compliance: 6/30/2022

Person responsible for action plan: Wendi Davis-Cox

DSAMH tracking by: Rebecca King

FY21 Deficiencies:

- 1) The TEDS data shows that 17.6% of the data was reported as unknown and 16.5% was uncollected for Criminogenic Risk for justice involved adults, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan: Clinicians and case managers will improve coordination with criminal justice services including courts and AP&P in regards to obtaining criminogenic risk information. Weber Human Services is exploring access to a criminogenic risk tool that can be used in conjunction with the clinical assessment that will assist with determining risk, needs, and responsivity.

Timeline for compliance: 6/30/2021

Person responsible for action plan: Wendi Davis-Cox

DSAMH tracking by: Rebecca King

FY21 Recommendations:

- 1) **Employee Sustainability and Retention:** WHS reported that one of their struggles include staff retention and ongoing clinical vacancies. They are working on improving client outcomes and increasing dosage and diffusion rates of treatment, training of staff, and staff retention. It is recommended that WHS continue working on methods of increasing staff retention.

FY21 Division Comments:

- 1) Quality Services:** WHS focuses on providing quality evidence-based services. They are planning to continue using the Zoom virtual platform as well as provide some in-person appointments for individuals unable to access services electronically. WHS has contracted with Gabriela Grant to provide consulting and training for trauma informed care in their residential programs. This is a five year implementation plan that began December 2020. WHS also opened a Health Clinic that provides more health care resources for clients, including Vivitrol.
- 2) Medication Assisted Treatment (MAT):** MAT services are provided directly by WHS and with contracted providers. WHS offers four providers who can prescribe and has contracts with three outside agencies - BAART, Clinical Consultants, and Aloha Behavioral. WHS also coordinates with Midtown Community Health Center who has a grant to provide Vivitrol to individuals at no cost who are unfunded.
- 3) Drug Court:** WHS has a variety of drug courts: Felony Drug Court, Felony Driving Under the Influence (DUI) Court, Family Drug Court and Juvenile Drug Court. All courts are certified and no findings have been issued in the judicial reviews. All drug court participants are screened and referred for possible Medicaid options if they currently are unfunded. The fee policies are consistent with the approved local authority sliding fee schedule for unfunded participants who also do not qualify for Medicaid or other types of insurance.
- 4) Community Collaboration:** WHS participates in Key Community Partner Meetings on a consistent basis. This past year has been challenging with the COVID pandemic, but most meetings resumed for WHS mid-year. Meetings include JRI quarterly, Behavioral Health Community Network monthly, RSS/PATR State Meeting bi-monthly, Ogden CAN meeting monthly, Opioid Taskforce Meeting bi-monthly, State Sentencing Commission monthly, Weber/Morgan Local Homeless Coordinating Council, monthly, Weber County Harm Reduction meeting quarterly, PAC meeting with USARA monthly, Statewide Health Disparities Needs Committee monthly, OWCAP Health Services Advisory Committee quarterly, Weber/Davis Employment Committee Meeting monthly, will begin attending the Weber/Morgan DV Coalition monthly beginning Jan 2021.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well-being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well-being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well-being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well-being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.


Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Weber Human Services and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Kelly Ovard at 385-310-5118.

The Division of Substance Abuse and Mental Health

Prepared by:

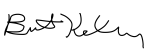
Kelly Ovard  Date 04/14/2021
Administrative Services Auditor IV

Approved by:

Kyle Larson  Date 04/14/2021
Administrative Services Director

Eric Tadehara  Date 04/14/2021
Eric Tadehara (Apr 14, 2021 11:18 MDT)
Assistant Director Children's Behavioral Health

Kimberly Myers  Date 04/14/2021
Kim Myers (Apr 14, 2021 11:55 MDT)
Assistant Director Mental Health

Brent Kelsey  Date 04/14/2021
Assistant Director Substance Abuse

Doug Thomas  Date 04/14/2021
Doug Thomas (Apr 14, 2021 10:49 MDT)
Division Director

Attachment A

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool FY21

Name of Local Authority: Weber Human Services

Date: February 16, 2021

Reviewed by: Robert H. Snarr, MPA, LCMHC
Geri Jardine

<i>Compliance Ratings</i>				
Y = Yes, the Contractor is in compliance with the requirements. P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance. N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)		X		Need to have date on the plan
Signature page (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)			X	Need to have a signature page
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)		X		Need to have dates of revision(s)
Record of changes (indicating when changes have been made and to which components of the plan)			X	Need to have a place that indicates changes with dates of changes
Record of distribution (individual internal and external recipients identified by organization and title)			X	Need to have a distribution list
Table of contents	X			
Basic Plan				

Statement of purpose and objectives	X			
Summary information	X			
Planning assumptions	X			
Conditions under which the plan will be activated	X			
Procedures for activating the plan	X			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan	X			
Functional Annex: The Continuity of Operations (COOP) Plan to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.				
List of essential functions and essential staff positions			X	Need to identify specific positions and essential staff
Identify continuity of leadership and orders of succession			X	Need to identify specific names and numbers (i.e., attach an org chart and telephone/cell phone numbers, etc.)
Identify leadership for incident response		X		Need to identify specific name for incident response
List alternative facilities (including the address of and directions/mileage to each)	X			
Communication procedures with staff, clients' families, the State and community			X	Need to identify coordination efforts with the State, community, and clients' families.
Procedures that ensure the timely discharge of financial obligations, including payroll.			X	Need to address procedures to ensure the timely discharge of financial obligations, including payroll.
Planning Step				

Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)			X	Need to identify who is on the disaster planning team and representing which area
<p>The planning team has identified requirements for disaster planning for Residential/Housing services including:</p> <ul style="list-style-type: none"> • Engineering maintenance • Housekeeping services • Food services • Pharmacy services • Transportation services • Medical records (recovery and maintenance) • Evacuation procedures • Isolation/Quarantine procedures • Maintenance of required staffing ratios • Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic 		X		<p>Need to specify how these functions will be provided in the event of a disaster for Residential/Housing:</p> <ul style="list-style-type: none"> • Engineering maintenance • Housekeeping services • Food services • Transportation services • Medical records (recovery and maintenance) • Isolation/Quarantine procedures • Maintenance of required staffing ratios • Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic

DSAMH is happy to provide technical assistance.












Weber Human Services Final Report

Final Audit Report

2021-04-14

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